



Chemical Application for Certification

Serial # (OEPA Use): _____

Type: Wet Chemistry

To Conduct Public Drinking Water Analyses
Compliance Assurance Section, Division of Drinking and Ground Waters
The Ohio Environmental Protection Agency

The applicant affirms the right of the Ohio Environmental Protection Agency to inspect the laboratory and its operations and pertinent records. The applicant agrees that the personnel to be approved will analyze applicable performance samples, provided by the survey personnel at the time of the site visit and will report the values within a time period designated by the survey personnel.

[1] Name of Laboratory: _____

[2] Mailing Address: _____

Phone Number: () _____ FAX Number: () _____

Email: _____ County: _____ Ohio EPA District: _____

[3] Name of person responsible for the laboratory: _____
First Middle Initial Last

Please attach a map showing directions to your laboratory

[4] **Analyst Information** (Check if an analyst is seeking Full or Oper (Operational) approval. Check NEW also if an analyst has not been previously approved at the laboratory. Check the test(s) to be included in the survey for each analyst. The tests indicated by the abbreviations are listed on page 2.)

Analyst Name	F	O	N	T	p	A	S	H	N	N	P	F	C	C	S	C	T	T	U	O	O	
	u	p	e	u	H	l	t	a	O	O	O	l	l	l	O	N	D	O	V	t	t	
	l	e	w	r	k	a	r	b	3	2	4	2	2	2	4	S	S	2	h	h		
	l	r	b															4	e	e	r	

Analyst Name	F	O	N	T	p	A	S	H	N	N	P	F	C	C	S	C	T	T	U	O	O
	u	p	e	u	H	l	t	a	O	O	O	l	l	O	N	N	O	C	V	t	t
	l	e	w	r	k	a	b	r	3	2	4	2	2	4	S	D	C	2	h	h	e
																		5	e	r	r
																		4	r		

[5] **Method Information** [Check the method(s) used for each test.]

Test	Test Method(s) in Use
Turb: Turbidity	<input type="checkbox"/> SM 2130B <input type="checkbox"/> EPA 180.1
pH:	<input type="checkbox"/> SM 4500H ⁺ <input type="checkbox"/> EPA 150.1 <input type="checkbox"/> EPA 150.2
Alk: Alkalinity	<input type="checkbox"/> SM 2320
Stab: Stability	<input type="checkbox"/> SM 2330 <input type="checkbox"/> Langelier's Index
Hard: Hardness	<input type="checkbox"/> SM 2340 <input type="checkbox"/> EPA 130.2
NO₃: Nitrate	<input type="checkbox"/> SM 4110B [<input type="checkbox"/> SM 4500 NO ₃ : <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F] <input type="checkbox"/> EPA 300.0 <input type="checkbox"/> EPA 353.2
NO₂: Nitrite	<input type="checkbox"/> SM 4110B <input type="checkbox"/> SM 4500 NO ₂ -B [<input type="checkbox"/> SM 4500 NO ₃ : <input type="checkbox"/> E <input type="checkbox"/> F] <input type="checkbox"/> EPA 300.0 <input type="checkbox"/> EPA 353.2
PO₄: Phosphate	<input type="checkbox"/> SM 4110B [<input type="checkbox"/> SM 4500 P: <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F] <input type="checkbox"/> EPA 300.0 <input type="checkbox"/> EPA 365.1
Fl: Fluoride	<input type="checkbox"/> SM 4110B <input type="checkbox"/> SM 4500 F-C <input type="checkbox"/> EPA 300.0
Cl: Chlorine	[<input type="checkbox"/> SM 4500 Cl: <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> G]
ClO₂: Chlorine Dioxide	[<input type="checkbox"/> SM 4500 ClO ₂ : <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E]
SO₄: Sulfate	<input type="checkbox"/> SM 4110B [<input type="checkbox"/> SM 4500 SO ₄ : <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F] <input type="checkbox"/> EPA 300.0 <input type="checkbox"/> EPA 375.2
CN: Cyanide	[<input type="checkbox"/> SM 4500 CN: <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G] <input type="checkbox"/> EPA 335.4
TDS: Total Dissolved Solids	<input type="checkbox"/> SM 2540C
TOC/DOC/ UV 254	[<input type="checkbox"/> SM 5310: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D] <input type="checkbox"/> SM 5910
Other	
Other	

[6] Fill in the date of approval for laboratory plans: _____

[7] Check one box.

Since lab plans were approved:

- No modifications were made.
- Ohio EPA approved modifications were made.
- Revised lab plans have been submitted for approval.

[8] Fill in the date of the most recent acceptable 'PT' test results: _____

Note: 'PT' or proficiency test results are only required if your laboratory performs analyses involving maximum contaminant level (MCL) determinations. If your laboratory is **not** performing MCL analyses, complete this space as not applicable or NA.

[9] Check the applicable box(es).

Application for: Initial Renewal Add Analyst(s) Add Test(s)

[10] Fill in the date that certification expires: _____

[11] **OATH**

I certify that all of the statements made on this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. In addition, all PT test results will be based on analyses performed by employees of this laboratory, who are approved or applying for approval.

Signature of applicant: _____ Date: _____

Title of applicant: _____ Laboratory Certification #: _____

Send completed applications to: Ohio Environmental Protection Agency
Division of Environmental Services
Laboratory Certification Section
8955 East Main Street
Reynoldsburg, OH 43068

NOTICE

Incomplete or illegible applications will be returned with no action taken.

Unless previously paid, submission of the three year survey fee payment is required within 30 days after the application has been determined to be complete.